



JANUARY 2005 MONTHLY REPORT

Health Insurance Risk Sharing Plan (HIRSP)
January 2005 Monthly Statistics

	January-05	July-04
BANK SUMMARY		
CHECKWRITE	\$6,487,356.93	\$7,048,980.41
BOOK BALANCE (US Bank & State General Account)	\$43,348,568.00	\$44,175,497.00
ENROLLMENT		
PLAN 1A	7,757	8,332
PLAN 1B	9,150	8,398
PLAN 2	1,726	1,757
TOTAL	18,633	18,487
NEW APPLICATIONS RECEIVED	231	480
CLAIMS		
CLAIMS PROCESSED	98,776	101,069
AVERAGE PROCESSING DAYS	13	12
CLAIM INVENTORY - OVER 30 DAYS OLD	868	1,198
CLAIM INVENTORY - TOTAL	8,925	8,099
CLAIMS DENIED (Non-PBM)	9,172	11,574
CLAIMS DENIED (PBM)	8,664	8,570
CLAIM ACCURACY PERFORMANCE	100.00%	100.00%
CUSTOMER SERVICE - HIRSP		
NUMBER OF CALLS RECEIVED	10,390	8,944
PERCENTAGE OF CALLS ANSWERED	90.4%	95.1%
WRITTEN CORRESPONDENCE - RECEIVED	589	548
WRITTEN CORRESPONDENCE - COMPLETED	595	530
WRITTEN CORRESPONDENCE - INVENTORY	33	48
AVERAGE HOLD TIME FOR TELEPHONE CALLS	4.23	2.60

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

JANUARY 2005 MONTHLY REPORT

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Wisconsin Health Insurance Risk-Sharing Plan

Breakdown of Incurred Claims and Earned Premium by Quarter and Plan

2Q03					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$20,093,745	\$9,858,100	203.8%	\$788.73	\$386.96
Plan 1B	6,985,035	6,664,640	104.8%	348.83	332.83
Plan 2	4,052,899	1,796,687	225.6%	771.83	342.16
Total	\$31,131,679	\$18,319,427	169.9%	\$613.42	\$360.97
3Q03					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$20,425,786	\$10,846,522	188.3%	\$801.51	\$425.62
Plan 1B	7,400,227	7,649,161	96.7%	354.48	366.41
Plan 2	4,232,056	2,062,401	205.2%	813.54	396.46
Total	\$32,058,070	\$20,558,083	155.9%	\$621.74	\$398.71
4Q03					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$22,620,202	\$10,825,220	209.0%	\$889.02	\$425.45
Plan 1B	9,605,456	8,013,666	119.9%	437.15	364.71
Plan 2	4,452,800	2,062,818	215.9%	854.83	396.01
Total	\$36,678,457	\$20,901,704	175.5%	\$696.96	\$397.17
1Q04					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$19,633,688	\$10,273,986	191.1%	\$800.13	\$418.70
Plan 1B	9,723,589	8,769,984	110.9%	404.17	364.54
Plan 2	4,060,489	2,060,924	197.0%	776.83	394.28
Total	\$33,417,766	\$21,104,894	158.3%	\$620.88	\$392.12
2Q04					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$22,369,310	\$10,446,926	214.1%	\$893.34	\$417.21
Plan 1B	11,151,931	9,078,492	122.8%	447.58	364.36
Plan 2	4,927,220	2,092,994	235.4%	937.45	398.21
Total	\$38,448,461	\$21,618,413	177.9%	\$696.38	\$391.55
3Q04					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$21,409,758	\$11,627,516	184.1%	\$863.96	\$469.21
Plan 1B	11,202,682	10,348,024	108.3%	441.09	407.43
Plan 2	5,082,697	2,438,376	208.4%	978.76	469.55
Total	\$37,695,137	\$24,413,917	154.4%	\$680.76	\$440.91

NOTES:

- Loss Ratio = Incurred Claims / Earned Premiums
- Earned Premium includes Premium Subsidies
- Incurred Claims include Provider Contributions
- Administrative Expenses are not included in this exhibit
- Incurred Claims and Earned Premiums are updated quarterly and restated to reflect the most current information available as of December 31, 2004

Note: Due to the Board decision to change the definition of program cost on a retrospective basis, the 1Q04 and 2Q04 claims and loss ratios are lower than those found in prior monthly reports. Please see the notes provided on page 3 of the Monthly Report for a summary of the changes.

**Wisconsin Health Insurance Risk Sharing Plan
Financial Report Notes
For the Period Ending January 31, 2005**

The financial statement values for January-November 2004 in this January Monthly Report have been restated from those found in prior monthly reports. The restatements are due to a HIRSP Board of Governors decision to revise HIRSP's definition of program costs. The definition of program costs that HIRSP has been using since 1998 was based on billed charges less a fixed percentage discount for medical (non-pharmacy) services. The discounts vary by service category and the percentages have not changed since 1998.

Due to the rising costs in the HIRSP program, the Board adopted a change in the discounts from roughly an aggregate discount of 20% to an aggregate discount of 30%. As a result, the HIRSP U&C was reduced by a multiple of 0.875 $(1-0.30)/(1-0.20)$. This change was made retroactive to January 1, 2004. This change is meant to continue through June 30, 2005 when a new methodology for determining future program costs will be implemented.

The following table shows calendar year 2004 under the original basis, the revised basis and the resulting changes:

HIRSP Summary Impact of Program Changes			
	Original Basis	Revised Basis	Resulting Changes
Total Operating Expenses	\$174,246,511	\$157,076,768	(\$17,169,743)
Required Shares			
Policyholders	\$102,883,919	\$92,582,076	(\$10,301,843)
Providers	36,759,562	33,325,612	(3,433,950)
Insurers	36,759,557	33,325,607	(3,433,950)
Ending Balances			
Policyholders	(\$653,169)	\$9,648,674	\$10,301,843
Providers	12,698,909	(1,036,887)	(13,735,796)
Insurers	1,517,534	4,951,484	3,433,950

The motions adopted by the Board regarding the changes summarized above are as follows:

- 1) Effective January 1, 2004 through June 30, 2005, program costs are to be defined such that the HIRSP medical U&C is 87.5% of the current percentages.
- 2) Convene the Actuarial Advisory Subcommittee for the purpose of advising the FOC and Board regarding a market-based benchmark for program costs for use in establishing the SFY06 Budget.
- 3) The Board acknowledges that the current problem of the growing provider contribution and program costs is a function of several factors including increasing provider charges and provider payment rates not keeping pace with inflation. The Board acknowledges that the above referenced motion is an interim solution and would have recommended a 5% provider payment increase effective March 1, 2005 if not for administrative issues associated with the April 1, 2005 transition of plan administrators. The Board will reduce the SFY06 provider surplus by \$1.5 million to compensate for not changing the provider payment rate effective April 1, 2005.

**Wisconsin Health Insurance Risk Sharing Plan
Financial Report Notes
For the Period Ending January 31, 2005**

These monthly reports do not include the June 30, 2002 CAFR¹ (Combined Annual Financial Report) adjustments. When these adjustments are available, the monthly report will reflect these changes. Previously issued monthly reports will not be reissued but the financial statement notes for the current month will summarize the CAFR adjustment.

1) Policyholder Retained Earnings, End of Period (page 3 & 9)

The policyholder retained earnings include both assigned and the unassigned surplus (see Interim Reconciliation page 6 and 12 for the breakdown).

2) Other Receivables (page 7 & 13)

Claims expense and receivables are adjusted monthly to account for doubtful receivables per GASB 38.

3) Losses Paid or Approved for Payment (page 3 & 9)

Claims expense and receivables are adjusted monthly to account for doubtful receivables per GASB 38.

¹ CAFR is the State of Wisconsin annual financial report published by DOA (Dept of Admin) and prepared in accordance with GASB (Governmental Accounting Standards Board).

Wisconsin Health Insurance Risk Sharing Plan
for the Period Ended January 31, 2005 (July - November Restated)
Fiscal Year 2005

Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings													
Operating Revenues	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
Gross Premiums	7,872,385	8,059,267	8,197,318	8,098,529	7,994,788	8,143,915	8,239,786	-	-	-	-	-	56,605,988
Premium Subsidized	(332,487)	(337,487)	(355,614)	(355,279)	(358,351)	(359,019)	(354,700)	-	-	-	-	-	(2,452,937)
Net Premium Revenues	7,539,898	7,721,780	7,841,704	7,743,250	7,636,437	7,784,896	7,885,086	-	-	-	-	-	54,153,051
Provider Contribution	2,822,174	1,994,216	2,677,124	1,737,174	3,067,418	3,437,726	2,255,043	-	-	-	-	-	17,990,875
Insurer Assessments	2,691,362	2,691,362	2,691,362	2,691,362	2,691,362	2,691,362	2,716,349	-	-	-	-	-	18,864,521
Total Operating Revenues	13,053,434	12,407,358	13,210,190	12,171,786	13,395,217	13,913,984	12,856,478	-	-	-	-	-	91,008,447
Operating Expenses													
Medical Losses:													
Losses Paid or Approved for Payment ⁽³⁾	9,435,534	7,139,835	5,619,849	10,545,095	8,955,173	12,759,804	8,738,080	-	-	-	-	-	63,193,370
Increase (Decrease) in Unpaid Losses	1,140,327	(11,402)	3,859,488	(3,260,495)	2,212,678	233,998	(1,174,533)	-	-	-	-	-	3,000,061
Deductible Subsidy Paid	56,140	35,944	37,736	60,666	34,034	39,816	59,708	-	-	-	-	-	324,044
Total Medical Losses	10,632,001	7,164,377	9,517,073	7,345,266	11,201,885	13,033,618	7,623,255	-	-	-	-	-	66,517,475
Pharmacy Losses:													
Losses Paid or Approved for Payment	3,455,297	5,261,686	3,541,388	3,670,974	3,732,490	3,773,000	3,656,006	-	-	-	-	-	27,090,841
Increase (Decrease) in Unpaid Losses	553,645	(1,412,550)	361,325	268,803	516,342	702,134	(178,275)	-	-	-	-	-	811,424
Drug Rebates	(91,621)	(136,238)	(229,261)	(107,406)	(108,778)	(172,591)	(122,005)	-	-	-	-	-	(967,900)
Subsidy - Coinsurance Out-of-Pocket Max	19,025	20,562	20,660	31,667	20,879	21,711	12,515	-	-	-	-	-	147,019
Total Pharmacy Losses	3,936,346	3,733,460	3,694,112	3,864,038	4,160,933	4,324,254	3,368,241	-	-	-	-	-	27,081,384
Total Losses	14,568,347	10,897,837	13,211,185	11,209,304	15,362,818	17,357,872	10,991,496	-	-	-	-	-	93,598,859
Loss adjustment expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative expenses													
DHFS Admin Fees	38,870	52,788	21,209	22,329	55,715	35,961	23,186	-	-	-	-	-	250,058
EDS Admin Fees	72,709	71,453	76,389	74,342	78,537	75,430	76,867	-	-	-	-	-	525,727
UGS Admin Fees	245,436	239,647	253,435	241,145	241,777	259,593	239,028	-	-	-	-	-	1,720,061
Milliman USA Actuarial Services	10,500	6,857	8,982	8,103	2,846	16,597	22,888	-	-	-	-	-	76,773
Other Admin Fees	12,075	18,441	28,026	51,993	(28,714)	27,894	18,597	-	-	-	-	-	128,312
Total Administrative Expenses	379,590	389,186	388,041	397,912	350,161	415,475	380,566	-	-	-	-	-	2,700,931
Referral fees	8,785	8,798	7,350	8,575	8,785	9,835	7,035	-	-	-	-	-	59,163
Total Operating Expenses	14,956,722	11,295,821	13,606,576	11,615,791	15,721,764	17,783,182	11,379,097	-	-	-	-	-	96,358,953
Net Operating Income (Loss)	(1,903,288)	1,111,537	(396,386)	555,995	(2,326,547)	(3,869,198)	1,477,381	-	-	-	-	-	(5,350,506)
Non-Operating Revenues (Expenses)													
Federal Grant	-	-	-	2,222,903	-	-	-	-	-	-	-	-	2,222,903
Investment income	40,452	39,550	42,044	58,615	63,927	76,234	79,968	-	-	-	-	-	400,790
Total Non-operating Revenues (Expenses)	40,452	39,550	42,044	2,281,518	63,927	76,234	79,968	-	-	-	-	-	2,623,693
Net Income (Loss)	(1,862,836)	1,151,087	(354,342)	2,837,513	(2,262,620)	(3,792,964)	1,557,349	-	-	-	-	-	(2,726,813)
Additions to Retained Earnings													
Policyholder													
Retained Earnings, Beginning of Period	10,106,007	9,148,894	10,544,808	10,696,840	13,342,538	12,030,485	9,648,674	-	-	-	-	-	10,106,007
Unfunded Policyholder Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings	(957,113)	1,395,914	152,032	2,645,698	(1,312,053)	(2,381,811)	1,575,865	-	-	-	-	-	1,118,532
Retained Earnings, End of Period ⁽¹⁾	9,148,894	10,544,808	10,696,840	13,342,538	12,030,485	9,648,674	11,224,539	-	-	-	-	-	11,224,539
Providers													
Retained Earnings, Beginning of Period	883,278	533,405	90,671	(140,437)	(475,457)	(735,256)	(1,036,887)	-	-	-	-	-	883,278
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings	(349,873)	(442,734)	(231,108)	(335,020)	(259,799)	(301,631)	(203,800)	-	-	-	-	-	(2,123,965)
Retained Earnings, End of Period	533,405	90,671	(140,437)	(475,457)	(735,256)	(1,036,887)	(1,240,687)	-	-	-	-	-	(1,240,687)
Insurers													
Retained Earnings, Beginning of Period	6,459,308	5,978,623	6,233,036	6,016,166	6,635,334	5,999,479	4,951,484	-	-	-	-	-	6,459,308
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings	(480,685)	254,413	(216,870)	619,168	(635,855)	(1,047,995)	257,507	-	-	-	-	-	(1,250,317)
Retained Earnings, End of Period	5,978,623	6,233,036	6,016,166	6,635,334	5,999,479	4,951,484	5,208,991	-	-	-	-	-	5,208,991
Unfunded Deductible and Coinsurance Subsidy													
Retained Earnings, Beginning of Period	(223,692)	(298,857)	(355,363)	(413,759)	(506,092)	(561,005)	(622,532)	-	-	-	-	-	(223,692)
Current Earnings	(75,165)	(56,506)	(58,396)	(92,333)	(54,913)	(61,527)	(72,223)	-	-	-	-	-	(471,063)
Retained Earnings, End of Period	(298,857)	(355,363)	(413,759)	(506,092)	(561,005)	(622,532)	(694,755)	-	-	-	-	-	(694,755)
Total Retained Earnings	15,362,065	16,513,152	16,158,810	18,996,323	16,733,703	12,940,739	14,498,088	-	-	-	-	-	14,498,088

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN
2005 FISCAL YEAR DETAIL OF MISC REVENUE & ADMIN EXPENSE
AS OF JANUARY 31, 2005

MISC REVENUE	JUL 04	AUG	SEP	OCT	NOV	DEC	JAN 05	FEB	MAR	APR	MAY	JUN	YEAR TO DATE TOTAL
													-
													-
													-
													-
													-
													-
													-
TOTAL MISC REVENUE	-	-	-	-	-	-	-	-	-	-	-	-	-

MISC ADMIN EXP	JUL 04	AUG	SEP	OCT	NOV	DEC	JAN 05	FEB	MAR	APR	MAY	JUN	YEAR TO DATE TOTAL
Bank Service Charge													-
Postage	9,875.07	16,390.65	26,325.77	50,293.38	(30,413.90)	25,518.78	16,896.89						114,886.64
LAB Audit Fee	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00						11,900.00
Speed Scribe													-
UW Extension													-
NASCHIP	500.00	350.00											850.00
Legal Services													-
Prest & Assoc-Ind Med Review						675.00							675.00
													-
													-
													-
													-
													-
													-
TOTAL MISC ADMIN EXP	12,075.07	18,440.65	28,025.77	51,993.38	(28,713.90)	27,893.78	18,596.89	-	-	-	-	-	128,311.64

Wisconsin Health Insurance Risk Sharing Plan
Fiscal Year 2005 Interim Reconciliation
As Of January 31, 2005 (July - November Restated)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
1. Operating and Administrative Costs under s.149.143(1)													
Medical Losses Paid or Approved for Payment	9,435,534	7,139,835	5,619,849	10,545,095	8,955,173	12,759,804	8,738,080	-	-	-	-	-	63,193,370
Increase (Decrease) in Unpaid Medical Losses	1,140,327	(11,402)	3,859,488	(3,260,495)	2,212,678	233,998	(1,174,533)	-	-	-	-	-	3,000,061
Pharmacy Losses Paid or Approved for Payment	3,455,297	5,261,686	3,541,388	3,670,974	3,732,490	3,773,000	3,656,006	-	-	-	-	-	27,090,841
Increase (Decrease) in Unpaid Pharmacy Losses	553,645	(1,412,550)	361,325	268,803	516,342	702,134	(178,275)	-	-	-	-	-	811,424
Drug Rebates	(91,621)	(136,238)	(229,261)	(107,406)	(108,778)	(172,591)	(122,005)	-	-	-	-	-	(967,900)
Total Administrative Expenses	388,375	397,984	395,391	406,487	358,946	425,310	387,601	-	-	-	-	-	2,760,094
Loss Adjustment Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expense	14,881,557	11,239,315	13,548,180	11,523,458	15,666,851	17,721,655	11,306,874	-	-	-	-	-	95,887,890
2. Adjustments to Operating and Administrative Costs													
Total Non-operating Revenue (Expense)	40,452	39,550	42,044	2,281,518	63,927	76,234	79,968	-	-	-	-	-	2,623,693
3. Total Fiscal Year Program Costs to be Split 60% 20% 20%	14,841,105	11,199,765	13,506,136	9,241,940	15,602,924	17,645,421	11,226,906	-	-	-	-	-	93,264,197
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Excluding Subsidy Costs)													
Funding Shares													
60% Policyholders	8,904,663	6,719,859	8,103,682	5,545,164	9,361,754	10,587,253	6,736,144	-	-	-	-	-	55,958,519
20% Providers	2,968,221	2,239,953	2,701,227	1,848,388	3,120,585	3,529,084	2,245,381	-	-	-	-	-	18,652,839
20% Insurers	2,968,221	2,239,953	2,701,227	1,848,388	3,120,585	3,529,084	2,245,381	-	-	-	-	-	18,652,839
5. Subsidy Funding Shares													
Premium subsidies	332,487	337,487	355,614	355,279	358,351	359,019	354,700	-	-	-	-	-	2,452,937
Deductible Subsidies	56,140	35,944	37,736	60,666	34,034	39,816	59,708	-	-	-	-	-	324,044
Subsidy - coinsurance out-of-pocket Max	19,025	20,562	20,660	31,667	20,879	21,711	12,515	-	-	-	-	-	147,019
Total Subsidies	407,652	393,993	414,010	447,612	413,264	420,546	426,923	-	-	-	-	-	2,924,000
Subsidy Funding Needed by Source in addition to Section 3 Funding Shares													
Providers	203,826	196,997	207,005	223,806	206,632	210,273	213,462	-	-	-	-	-	1,462,001
Insurers	203,826	196,996	207,005	223,806	206,632	210,273	213,461	-	-	-	-	-	1,461,999
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs)													
Policyholders	8,904,663	6,719,859	8,103,682	5,545,164	9,361,754	10,587,253	6,736,144	-	-	-	-	-	55,958,519
Providers	3,172,047	2,436,950	2,908,232	2,072,194	3,327,217	3,739,357	2,458,843	-	-	-	-	-	20,114,840
Insurers	3,172,047	2,436,949	2,908,232	2,072,194	3,327,217	3,739,357	2,458,842	-	-	-	-	-	20,114,838
7. Non-GPR Revenues by Source Including GPR Subsidies Under s.20.435(4)(ah)													
Policyholders													
Premium	7,539,898	7,721,780	7,841,704	7,743,250	7,636,437	7,784,896	7,885,086	-	-	-	-	-	54,153,051
Premium and Deductible Subsidies Credited to Policyholders	407,652	393,993	414,010	447,612	413,264	420,546	426,923	-	-	-	-	-	2,924,000
Subtotal	7,947,550	8,115,773	8,255,714	8,190,862	8,049,701	8,205,442	8,312,009	-	-	-	-	-	57,077,051
Providers	2,822,174	1,994,216	2,677,124	1,737,174	3,067,418	3,437,726	2,255,043	-	-	-	-	-	17,990,875
Insurers	2,691,362	2,691,362	2,691,362	2,691,362	2,691,362	2,691,362	2,716,349	-	-	-	-	-	18,864,521
Total	13,461,086	12,801,351	13,624,200	12,619,398	13,808,481	14,334,530	13,283,401	-	-	-	-	-	93,932,447

**Wisconsin Health Insurance Risk Sharing Plan
Fiscal Year 2005 Interim Reconciliation
As Of January 31, 2005 (July - November Restated)**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Year to Date
8. Interim Estimate of Surplus/(Deficit) Account Balance for FY 2005													
Policyholders													
Prior Period Surplus / (Deficit)	10,106,007	9,148,894	10,544,808	10,696,840	13,342,538	12,030,485	9,648,674	-	-	-	-	-	10,106,007
Premium (Including Premium and Deductible Subsidies)	7,947,550	8,115,773	8,255,714	8,190,862	8,049,701	8,205,442	8,312,009	-	-	-	-	-	57,077,051
Less Cost	8,904,663	6,719,859	8,103,682	5,545,164	9,361,754	10,587,253	6,736,144	-	-	-	-	-	55,958,519
Less Unfunded Policyholder Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	(957,113)	1,395,914	152,032	2,645,698	(1,312,053)	(2,381,811)	1,575,865	-	-	-	-	-	1,118,532
Ending Surplus / (Deficit)	9,148,894	10,544,808	10,696,840	13,342,538	12,030,485	9,648,674	11,224,539	-	-	-	-	-	11,224,539
Assigned Surplus to SFY 2005	-	-	-	-	-	-	-	-	-	-	-	-	-
Unassigned Surplus	9,148,894	10,544,808	10,696,840	13,342,538	12,030,485	9,648,674	11,224,539	-	-	-	-	-	11,224,539
Providers													
Prior Period Surplus / (Deficit)	883,278	533,405	90,671	(140,437)	(475,457)	(735,256)	(1,036,887)	-	-	-	-	-	883,278
Contribution	2,822,174	1,994,216	2,677,124	1,737,174	3,067,418	3,437,726	2,255,043	-	-	-	-	-	17,990,875
Less Cost	3,172,047	2,436,950	2,908,232	2,072,194	3,327,217	3,739,357	2,458,843	-	-	-	-	-	20,114,840
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	(349,873)	(442,734)	(231,108)	(335,020)	(259,799)	(301,631)	(203,800)	-	-	-	-	-	(2,123,965)
Ending Surplus / (Deficit)	533,405	90,671	(140,437)	(475,457)	(735,256)	(1,036,887)	(1,240,687)	-	-	-	-	-	(1,240,687)
Insurers													
Prior Period Surplus / (Deficit)	6,459,308	5,978,623	6,233,036	6,016,166	6,635,334	5,999,479	4,951,484	-	-	-	-	-	6,459,308
Assessment	2,691,362	2,691,362	2,691,362	2,691,362	2,691,362	2,691,362	2,716,349	-	-	-	-	-	18,864,521
Less Cost	3,172,047	2,436,949	2,908,232	2,072,194	3,327,217	3,739,357	2,458,842	-	-	-	-	-	20,114,838
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	(480,685)	254,413	(216,870)	619,168	(635,855)	(1,047,995)	257,507	-	-	-	-	-	(1,250,317)
Ending Surplus / (Deficit)	5,978,623	6,233,036	6,016,166	6,635,334	5,999,479	4,951,484	5,208,991	-	-	-	-	-	5,208,991
Unfunded Deductible and Coinsurance Subsidy													
Prior Period Surplus / (Deficit)	(223,692)	(298,857)	(355,363)	(413,759)	(506,092)	(561,005)	(622,532)	-	-	-	-	-	(223,692)
Monthly Change	(75,165)	(56,506)	(58,396)	(92,333)	(54,913)	(61,527)	(72,223)	-	-	-	-	-	(471,063)
Ending Surplus / (Deficit)	(298,857)	(355,363)	(413,759)	(506,092)	(561,005)	(622,532)	(694,755)	-	-	-	-	-	(694,755)
Total HIRSP Retained Earnings	15,362,065	16,513,152	16,158,810	18,996,323	16,733,703	12,940,739	14,498,088	-	-	-	-	-	14,498,088

Note: Due to the Board decision to change the definition of program cost on a retrospective basis, various components for July-November 2004 will not match those found in prior monthly reports. Please see the notes provided on page 3 of the Monthly Report for a summary of the changes.

Wisconsin Health Insurance Risk Sharing Plan
January 31, 2005 (July - November Restated)
Fiscal Year 2005

Unaudited Balance Sheet

Assets	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Cash and Cash Equivalents	44,175,497	43,792,481	55,529,616	53,382,423	45,505,246	50,307,256	43,348,568	-	-	-	-	-
Other Receivables ⁽²⁾	39,541	109,277	138,752	200,118	136,931	111,735	96,643	-	-	-	-	-
Drug Rebates Receivable	694,465	830,703	1,059,964	1,167,370	1,276,148	1,124,746	1,246,751	-	-	-	-	-
Assessments Receivable	2,781,901	896,397	348,845	742,609	516,473	641,364	3,357,262	-	-	-	-	-
Prepaid Items	57,739	71,349	45,023	34,879	95,293	69,774	52,878	-	-	-	-	-
Total Assets	47,749,143	45,700,207	57,122,200	55,527,399	47,530,091	52,254,875	48,102,102	-	-	-	-	-
Liabilities and Fund Equity	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Liabilities:												
Unpaid Medical loss Liabilities	16,129,059	16,120,582	18,992,225	16,540,725	18,210,671	18,388,346	17,498,548	-	-	-	-	-
Unpaid Prescription Drug Loss Liabilities	2,198,353	785,803	1,147,128	1,415,931	1,932,273	2,634,407	2,456,132	-	-	-	-	-
Unpaid Loss Adjustment Expense	660,000	660,000	660,000	660,000	660,000	660,000	660,000	-	-	-	-	-
Unearned Premiums	12,626,044	6,831,139	16,957,036	12,608,063	6,784,926	16,833,222	12,599,991	-	-	-	-	-
Unearned Assessments	-	3,966,257	2,604,678	4,463,813	2,605,723	-	2,260	-	-	-	-	-
Accounts Payable and Other Accrued Liabilities	773,622	823,274	602,323	842,544	602,795	798,161	387,083	-	-	-	-	-
Total Liabilities	32,387,078	29,187,055	40,963,390	36,531,076	30,796,388	39,314,136	33,604,014	-	-	-	-	-
Fund Equity:												
Policyholder	9,148,894	10,544,808	10,696,840	13,342,538	12,030,485	9,648,674	11,224,539	-	-	-	-	-
Providers	533,405	90,671	(140,437)	(475,457)	(735,256)	(1,036,887)	(1,240,687)	-	-	-	-	-
Insurers	5,978,623	6,233,036	6,016,166	6,635,334	5,999,479	4,951,484	5,208,991	-	-	-	-	-
Unfunded Deductible and Coinsurance Subsidy	(298,857)	(355,363)	(413,759)	(506,092)	(561,005)	(622,532)	(694,755)	-	-	-	-	-
Total Retained Earnings	15,362,065	16,513,152	16,158,810	18,996,323	16,733,703	12,940,739	14,498,088	-	-	-	-	-
Total Liabilities and Fund Equity	47,749,143	45,700,207	57,122,200	55,527,399	47,530,091	52,254,875	48,102,102	-	-	-	-	-

Note: Due to the Board decision to change the definition of program cost on a retrospective basis, the fund equity components for July-November 2004 will not match those found in prior monthly reports. Please see the notes provided on page 3 of the Monthly Report for a summary of the changes.

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN
MONTHLY PROVIDER CONTRIBUTION REPORT
AS OF JANUARY 31, 2005

PROVIDER SHARE CALCULATION FOR THE CURRENT MONTH - CLAIMS BY CLAIM TYPE					
REGULAR CLAIMS					
CLAIM TYPE / CATEGORY	BILLED CHARGES	U & C PERCENTAGE	USUAL AND CUSTOMARY	LESS HIRSP ALLOWED CHARGES	PROVIDER SHARE
CT 20 & 39/20 PROFESSIONAL	6,222,738.32	36.0%	3,985,663.89	2,604,510.54	1,381,153.35
CT 23 & 39/23 HOSPITAL OUTPATIENT	3,261,022.79	27.5%	2,365,464.40	1,948,973.36	416,491.04
CT 24 & 39/24 OTHER	378,121.60	23.9%	287,811.98	301,054.01	(13,242.03)
CT 40 & 49/40 HOSPITAL INPATIENT	5,107,112.33	28.1%	3,671,503.05	2,917,086.77	754,416.28
CT 41 & 59/41 OTHER	-	23.9%	-	-	-
TOTAL	\$ 14,968,995.04		\$ 10,310,443.32	\$ 7,771,624.68	\$ 2,538,818.64

CROSSOVER CLAIMS					
CLAIM TYPE / CATEGORY	MEDICARE ALLOWED CHARGES	MEDICARE PAID	HIRSP PAID	HIRSP DEDUCTIBLE/ COINSURANCE	PROVIDER SHARE
CT 30 & 39/30 PROFESSIONAL	423,552.51	328,772.03	80,759.64	13,924.09	96.75
CT 31 & 39/31 HOSPITAL OUTPATIENT	384,736.57	278,402.54	97,799.05	7,672.48	862.50
CT 50 & 49/50 HOSPITAL INPATIENT	1,262,615.60	1,217,897.60	42,987.93	1,730.07	-
CT 51 & 59/51 OTHER	41,754.85	29,162.35	12,592.50	-	-
TOTAL CROSSOVER	\$ 2,112,659.53	\$ 1,854,234.52	\$ 234,139.12	\$ 23,326.64	\$ 959.25

PROVIDER CONTRIBUTION ON THE INCREASE (DECREASE) IN UNPAID LOSSES	\$ (284,735.00)
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TOTAL PROVIDER CONTRIBUTION NON-PHARMACY	\$ 2,255,042.89
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PHARMACY CLAIMS					
CLAIM TYPE / CATEGORY	BILLED CHARGES	U & C PERCENTAGE	USUAL AND CUSTOMARY	LESS HIRSP ALLOWED CHARGES	PROVIDER SHARE
CT 10 & 19/10 PRESCRIPTION DRUG CLAIMS NOT PROCESSED THROUGH PBM	-	0.00%	-	-	-
CT 10 & 19/10 PRESCRIPTION DRUG CLAIMS PROCESSED THROUGH PBM	8,013,407.23	0.00%	8,706,628.46	8,706,628.46	
TOTAL PROVIDER CONTRIBUTION PHARMACY	8,013,407.23		8,706,628.46	8,706,628.46	-

Wisconsin Health Insurance Risk Sharing Plan
for the Period Ended January 31, 2005
Calendar Year 2005

Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings													
Operating Revenues	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
Gross Premiums	8,239,786	-	-	-	-	-	-	-	-	-	-	-	8,239,786
Premium Subsidized	(354,700)	-	-	-	-	-	-	-	-	-	-	-	(354,700)
Net Premium Revenues	7,885,086	-	-	-	-	-	-	-	-	-	-	-	7,885,086
Provider Contribution	2,255,043	-	-	-	-	-	-	-	-	-	-	-	2,255,043
Insurer Assessments	2,716,349	-	-	-	-	-	-	-	-	-	-	-	2,716,349
Total Operating Revenues	12,856,478	-	-	-	-	-	-	-	-	-	-	-	12,856,478
Operating Expenses													
Medical Losses:													
Losses Paid or Approved for Payment ⁽³⁾	8,738,080	-	-	-	-	-	-	-	-	-	-	-	8,738,080
Increase (Decrease) in Unpaid Losses	(1,174,533)	-	-	-	-	-	-	-	-	-	-	-	(1,174,533)
Deductible Subsidy Paid	59,708	-	-	-	-	-	-	-	-	-	-	-	59,708
Total Medical Losses	7,623,255	-	-	-	-	-	-	-	-	-	-	-	7,623,255
Pharmacy Losses:													
Losses Paid or Approved for Payment	3,656,006	-	-	-	-	-	-	-	-	-	-	-	3,656,006
Increase (Decrease) in Unpaid Losses	(178,275)	-	-	-	-	-	-	-	-	-	-	-	(178,275)
Drug Rebates	(122,005)	-	-	-	-	-	-	-	-	-	-	-	(122,005)
Subsidy - Coinsurance Out-of-Pocket Max	12,515	-	-	-	-	-	-	-	-	-	-	-	12,515
Total Pharmacy Losses	3,368,241	-	-	-	-	-	-	-	-	-	-	-	3,368,241
Total Losses	10,991,496	-	-	-	-	-	-	-	-	-	-	-	10,991,496
Loss adjustment expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative expenses													
DHFS Admin Fees	23,186	-	-	-	-	-	-	-	-	-	-	-	23,186
EDS Admin Fees	76,867	-	-	-	-	-	-	-	-	-	-	-	76,867
UGS Admin Fees	239,028	-	-	-	-	-	-	-	-	-	-	-	239,028
Milliman USA Actuarial Services	22,888	-	-	-	-	-	-	-	-	-	-	-	22,888
Other Admin Fees	18,597	-	-	-	-	-	-	-	-	-	-	-	18,597
Total Administrative Expenses	380,566	-	-	-	-	-	-	-	-	-	-	-	380,566
Referral fees	7,035	-	-	-	-	-	-	-	-	-	-	-	7,035
Total Operating Expenses	11,379,097	-	-	-	-	-	-	-	-	-	-	-	11,379,097
Net Operating Income (Loss)	1,477,381	-	-	-	-	-	-	-	-	-	-	-	1,477,381
Non-Operating Revenues (Expenses)													
Federal Grant	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment income	79,968	-	-	-	-	-	-	-	-	-	-	-	79,968
Total Non-operating Revenues (Expenses)	79,968	-	-	-	-	-	-	-	-	-	-	-	79,968
Net Income (Loss)	1,557,349	-	-	-	-	-	-	-	-	-	-	-	1,557,349
Additions to Retained Earnings													
Policyholder													
Retained Earnings, Beginning of Period	9,648,674	-	-	-	-	-	-	-	-	-	-	-	9,648,674
Unfunded Policyholder Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings	1,575,865	-	-	-	-	-	-	-	-	-	-	-	1,575,865
Retained Earnings, End of Period⁽¹⁾	11,224,539	-	-	-	-	-	-	-	-	-	-	-	11,224,539
Providers													
Retained Earnings, Beginning of Period	(1,036,887)	-	-	-	-	-	-	-	-	-	-	-	(1,036,887)
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings	(203,800)	-	-	-	-	-	-	-	-	-	-	-	(203,800)
Retained Earnings, End of Period	(1,240,687)	-	-	-	-	-	-	-	-	-	-	-	(1,240,687)
Insurers													
Retained Earnings, Beginning of Period	4,951,484	-	-	-	-	-	-	-	-	-	-	-	4,951,484
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Current Earnings	257,507	-	-	-	-	-	-	-	-	-	-	-	257,507
Retained Earnings, End of Period	5,208,991	-	-	-	-	-	-	-	-	-	-	-	5,208,991
Unfunded Deductible and Coinsurance Subsidy													
Retained Earnings, Beginning of Period	(622,532)	-	-	-	-	-	-	-	-	-	-	-	(622,532)
Current Earnings	(72,223)	-	-	-	-	-	-	-	-	-	-	-	(72,223)
Retained Earnings, End of Period	(694,755)	-	-	-	-	-	-	-	-	-	-	-	(694,755)
Total Retained Earnings	14,498,088	-	-	-	-	-	-	-	-	-	-	-	14,498,088

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN
2005 CALENDAR YEAR DETAIL OF MISC REVENUE & ADMIN EXPENSE
AS OF JANUARY 31, 2005

MISC REVENUE	JAN 05	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TO DATE TOTAL
													-
													-
													-
													-
													-
													-
													-
TOTAL MISC REVENUE	-	-	-	-	-	-	-	-	-	-	-	-	-

MISC ADMIN EXP	JAN 05	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YEAR TO DATE TOTAL
Bank Service Charge													-
Postage	16,896.89												16,896.89
LAB Audit Fee	1,700.00												1,700.00
Speed Scribe													-
UW Extension													-
NASCHIP													-
Legal Services													-
Prest & Assoc-Ind Med Review													-
													-
													-
													-
													-
													-
TOTAL MISC ADMIN EXP	18,596.89	-	-	-	-	-	-	-	-	-	-	-	18,596.89

Wisconsin Health Insurance Risk Sharing Plan
Calendar Year 2005 Interim Reconciliation
As Of January 31, 2005

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
1. Operating and Administrative Costs under s.149.143(1)													
Medical Losses Paid or Approved for Payment	8,738,080	-	-	-	-	-	-	-	-	-	-	-	8,738,080
Increase (Decrease) in Unpaid Medical Losses	(1,174,533)	-	-	-	-	-	-	-	-	-	-	-	(1,174,533)
Pharmacy Losses Paid or Approved for Payment	3,656,006	-	-	-	-	-	-	-	-	-	-	-	3,656,006
Increase (Decrease) in Unpaid Pharmacy Losses	(178,275)	-	-	-	-	-	-	-	-	-	-	-	(178,275)
Drug Rebates	(122,005)	-	-	-	-	-	-	-	-	-	-	-	(122,005)
Total Administrative Expenses	387,601	-	-	-	-	-	-	-	-	-	-	-	387,601
Loss Adjustment Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expense	11,306,874	-	-	-	-	-	-	-	-	-	-	-	11,306,874
2. Adjustments to Operating and Administrative Costs													
Total Non-operating Revenue (Expense)	79,968	-	-	-	-	-	-	-	-	-	-	-	79,968
3. Total Calendar Year Program Costs to be Split 60% 20% 20%	11,226,906	-	-	-	-	-	-	-	-	-	-	-	11,226,906
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Excluding Subsidy Costs)													
Funding Shares													
60% Policyholders	6,736,144	-	-	-	-	-	-	-	-	-	-	-	6,736,144
20% Providers	2,245,381	-	-	-	-	-	-	-	-	-	-	-	2,245,381
20% Insurers	2,245,381	-	-	-	-	-	-	-	-	-	-	-	2,245,381
5. Subsidy Funding Shares													
Premium subsidies	354,700	-	-	-	-	-	-	-	-	-	-	-	354,700
Deductible Subsidies	59,708	-	-	-	-	-	-	-	-	-	-	-	59,708
Subsidy - coinsurance out-of-pocket Max	12,515	-	-	-	-	-	-	-	-	-	-	-	12,515
Total Subsidies	426,923	-	-	-	-	-	-	-	-	-	-	-	426,923
Subsidy Funding Needed by Source in addition to Section 3 Funding Shares													
Providers	213,462	-	-	-	-	-	-	-	-	-	-	-	213,462
Insurers	213,461	-	-	-	-	-	-	-	-	-	-	-	213,461
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs)													
Policyholders	6,736,144	-	-	-	-	-	-	-	-	-	-	-	6,736,144
Providers	2,458,843	-	-	-	-	-	-	-	-	-	-	-	2,458,843
Insurers	2,458,842	-	-	-	-	-	-	-	-	-	-	-	2,458,842
7. Non-GPR Revenues by Source Including GPR Subsidies Under s.20.435(4)(ah)													
Policyholders													
Premium	7,885,086	-	-	-	-	-	-	-	-	-	-	-	7,885,086
Premium and Deductible Subsidies Credited to Policyholders	426,923	-	-	-	-	-	-	-	-	-	-	-	426,923
Subtotal	8,312,009	-	-	-	-	-	-	-	-	-	-	-	8,312,009
Providers	2,255,043	-	-	-	-	-	-	-	-	-	-	-	2,255,043
Insurers	2,716,349	-	-	-	-	-	-	-	-	-	-	-	2,716,349
Total	13,283,401	-	-	-	-	-	-	-	-	-	-	-	13,283,401

Wisconsin Health Insurance Risk Sharing Plan
Calendar Year 2005 Interim Reconciliation
As Of January 31, 2005

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
8. Interim Estimate of Surplus/(Deficit) Account Balance for CY 2004													
Policyholders													
Prior Period Surplus / (Deficit)	9,648,674	-	-	-	-	-	-	-	-	-	-	-	9,648,674
Premium (Including Premium and Deductible Subsidies)	8,312,009	-	-	-	-	-	-	-	-	-	-	-	8,312,009
Less Cost	6,736,144	-	-	-	-	-	-	-	-	-	-	-	6,736,144
Less Unfunded Policyholder Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	1,575,865	-	-	-	-	-	-	-	-	-	-	-	1,575,865
Ending Surplus / (Deficit)	11,224,539	-	-	-	-	-	-	-	-	-	-	-	11,224,539
Assigned Surplus to SFY 2005	-	-	-	-	-	-	-	-	-	-	-	-	-
Unassigned Surplus	11,224,539	-	-	-	-	-	-	-	-	-	-	-	11,224,539
Providers													
Prior Period Surplus / (Deficit)	(1,036,887)	-	-	-	-	-	-	-	-	-	-	-	(1,036,887)
Contribution	2,255,043	-	-	-	-	-	-	-	-	-	-	-	2,255,043
Less Cost	2,458,843	-	-	-	-	-	-	-	-	-	-	-	2,458,843
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	(203,800)	-	-	-	-	-	-	-	-	-	-	-	(203,800)
Ending Surplus / (Deficit)	(1,240,687)	-	-	-	-	-	-	-	-	-	-	-	(1,240,687)
Insurers													
Prior Period Surplus / (Deficit)	4,951,484	-	-	-	-	-	-	-	-	-	-	-	4,951,484
Assessment	2,716,349	-	-	-	-	-	-	-	-	-	-	-	2,716,349
Less Cost	2,458,842	-	-	-	-	-	-	-	-	-	-	-	2,458,842
Premium Subsidy Underpayment Adj.	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly Change	257,507	-	-	-	-	-	-	-	-	-	-	-	257,507
Ending Surplus / (Deficit)	5,208,991	-	-	-	-	-	-	-	-	-	-	-	5,208,991
Unfunded Deductible and Coinsurance Subsidy													
Prior Period Surplus / (Deficit)	(622,532)	-	-	-	-	-	-	-	-	-	-	-	(622,532)
Monthly Change	(72,223)	-	-	-	-	-	-	-	-	-	-	-	(72,223)
Ending Surplus / (Deficit)	(694,755)	-	-	-	-	-	-	-	-	-	-	-	(694,755)
Total HIRSP Retained Earnings	14,498,088	-	-	-	-	-	-	-	-	-	-	-	14,498,088

Wisconsin Health Insurance Risk Sharing Plan
January 31, 2005
Calendar Year 2005

Unaudited Balance Sheet

Assets	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cash and Cash Equivalents	43,348,568	-	-	-	-	-	-	-	-	-	-	-
Other Receivables ⁽²⁾	96,643	-	-	-	-	-	-	-	-	-	-	-
Drug Rebates Receivable	1,246,751	-	-	-	-	-	-	-	-	-	-	-
Assessments Receivable	3,357,262	-	-	-	-	-	-	-	-	-	-	-
Prepaid Items	52,878	-	-	-	-	-	-	-	-	-	-	-
Total Assets	48,102,102	-	-	-	-	-	-	-	-	-	-	-
Liabilities and Fund Equity												
Liabilities:												
Unpaid Medical loss Liabilities	17,498,548	-	-	-	-	-	-	-	-	-	-	-
Unpaid Prescription Drug Loss Liabilities	2,456,132	-	-	-	-	-	-	-	-	-	-	-
Unpaid Loss Adjustment Expense	660,000	-	-	-	-	-	-	-	-	-	-	-
Unearned Premiums	12,599,991	-	-	-	-	-	-	-	-	-	-	-
Unearned Assessments	2,260	-	-	-	-	-	-	-	-	-	-	-
Accounts Payable and Other Accrued Liabilities	387,083	-	-	-	-	-	-	-	-	-	-	-
Total Liabilities	33,604,014	-	-	-	-	-	-	-	-	-	-	-
Fund Equity:												
Policyholder	11,224,539	-	-	-	-	-	-	-	-	-	-	-
Providers	(1,240,687)	-	-	-	-	-	-	-	-	-	-	-
Insurers	5,208,991	-	-	-	-	-	-	-	-	-	-	-
Unfunded Deductible and Coinsurance Subsidy	(694,755)	-	-	-	-	-	-	-	-	-	-	-
Total Retained Earnings	14,498,088	-	-	-	-	-	-	-	-	-	-	-
Total Liabilities and Fund Equity	48,102,102	-	-	-	-	-	-	-	-	-	-	-

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

EARNED PREMIUM

FISCAL YEAR 2005

EARNED PREMIUM	
MONTH	FY 04
JUL	7,539,898
AUG	7,721,780
SEP	7,841,704
OCT	7,743,250
NOV	7,636,437
DEC	7,784,896
JAN	7,885,086
FEB	
MAR	
APR	
MAY	
JUN	
TOTAL	\$54,153,051

**Wisconsin Health Insurance Risk Sharing Plan
Assessment Status**

Total Assessment for 1/1/05 - 6/30/05			1st Installment Due 3/1/05		2nd Installment Due 5/1/05	
Period Ending	Payments Received	A/R Balance	Payments Received	A/R Balance	Payments Received	A/R Balance
01/08/05	-	16,481,262.43	-	8,240,631.22		8,240,631.21
01/15/05	-	16,481,262.43	-	8,240,631.22		8,240,631.21
01/22/05	-	16,481,262.43	-	8,240,631.22	-	8,240,631.21
01/31/05	2,711.96	16,478,550.47	1,355.97	8,239,275.25	1,355.99	8,239,275.22
Jan Total	\$ 2,711.96		\$ 1,355.97		\$ 1,355.99	
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
Feb Total	\$ -		\$ -		\$ -	
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
Mar Total	\$ -		\$ -		\$ -	
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
Apr Total	\$ -		\$ -		\$ -	
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
May Total	\$ -		\$ -		\$ -	
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
	-	16,478,550.47	-	8,239,275.25	-	8,239,275.22
June Total	\$ -		\$ -		\$ -	
Grand Total	\$ 2,711.96	\$ 16,478,550.47	\$ 1,355.97	\$ 8,239,275.25	\$ 1,355.99	\$ 8,239,275.22

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

Monthly Applicant Activity January Month End, 2005

	Plan 1A	Plan 1B	Plan 2	Total	
Number of Applications Pending December Month End*, 2004	439	236	15	690	
Number of Applications Received in January, 2005	231	280	7	518	
Number of Applications Rejected in January, 2005	9	11	1	21	
Number of Applications Closed in January, 2005	36	14	0	50	
Number of Applications Pending January End*, 2005	**	462	267	17	746
Number of Applications Approved in January, 2005	163	224	4	391	

* The above numbers are based on Month End which is the last Friday in the Month.

December data includes 12-31-04 to 1-28-05.

**Pending applications include applications received and not processed and applications pending for more information.

	Plan 1A	Plan 1B	Plan 2	Total
Detail of Applications Rejected				
Insufficient premium submitted	8	6	0	14
Eligible for Group Health Plan	1	3	0	4
Current Medicaid coverage	0	2	0	2
Other	0	0	1	1
Subtotal	9	11	1	21
Detail of Applications Closed				
Applicant Request	28	6	0	34
Proper eligibility requested; never received	2	1	0	3
Application data requested; never received	6	7	0	13
Subtotal	36	14	0	50

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

Applicant Eligibility Determination January 2005

A.	Medicare Eligible	4
B.	HIV +	2
C.	Eligible Individual	158
D.	Letter of Medical Eligibility	227
1.	Notice of Rejection by:	
	Blue Cross Blue Shield United of Wisconsin	46
	Fortis Benefits Insurance	29
	Humana Insurance Company	27
	Wisconsin Physicians Service Insurance	23
	Golden Rule Insurance Company	20
	Mega Life and Health Insurance	20
	American Family	17
	American Medical Security Group	7
	Midwest Security Life Insurance	4
	Pekin Life Insurance	4
	Security Health Plan	4
	American Republic	2
	John Alden Life Insurance	2
	Midwest National Life Insurance	2
	Physicians Plus Insurance	2
	American National	1
	Atrium Health Plan	1
	Celtic Life Insurance	1
	Continental General Insurance Company	1
	Dean Health Plan	1
	Epic Insurance	1
	Fidelity Security Life Insurance	1
	Group Health Cooperative	1
	Unity Health Plan	1
2.	Notice of Benefit Reduction	9
3.	Notice of Premium increase due to a Health Reason	0
	Total	391

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

JANUARY 2005 MONTH END

	Total Subsidy				Total Non-Subsidy					Combined Total*			
	Plan 1A	Plan 2	Total		Plan 1A	Plan 1B	Plan 2	Total		Plan 1A	Plan 1B	Plan 2	Total
February, 2004	3,156	805	3,961		5,029	8,011	939	13,979		8,185	8,011	1,744	17,940
March, 2004	3,173	796	3,969		5,072	8,133	948	14,153		8,245	8,133	1,744	18,122
April, 2004	3,175	788	3,963		5,105	8,170	956	14,231		8,280	8,170	1,744	18,194
May, 2004	3,200	792	3,992		5,156	8,330	956	14,442		8,356	8,330	1,748	18,434
June, 2004	3,204	799	4,003		5,194	8,416	965	14,575		8,398	8,416	1,764	18,578
July, 2004	2,939	735	3,674		5,323	8,369	992	14,684		8,262	8,369	1,727	18,358
August, 2004	2,972	742	3,714		5,294	8,475	993	14,762		8,266	8,475	1,735	18,476
September, 2004	2,976	748	3,724		5,279	8,552	982	14,813		8,255	8,552	1,730	18,537
October, 2004	3,001	761	3,762		5,164	8,521	961	14,646		8,165	8,521	1,722	18,408
November, 2004	2,985	766	3,751		5,158	8,546	964	14,668		8,143	8,546	1,730	18,419
December, 2004	2,986	761	3,747		5,146	8,581	954	14,681		8,132	8,581	1,715	18,428
January, 2005	2,962	764	3,726		4,795	9,150	962	14,907		7,757	9,150	1,726	18,633

Detail of Total Subsidy Policies in Force

	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Total
February, 2004	13,979	525	590	740	1,546	560	17,940
March, 2004	14,153	526	595	739	1,548	561	18,122
April, 2004	14,231	529	600	736	1,540	558	18,194
May, 2004	14,442	523	602	742	1,558	567	18,434
June, 2004	14,575	528	600	744	1,566	565	18,578
July, 2004	14,684	546	545	657	1,355	571	18,358
August, 2004	14,762	548	551	663	1,386	566	18,476
September, 2004	14,813	550	551	666	1,392	565	18,537
October, 2004	14,646	552	546	675	1,427	562	18,408
November, 2004	14,668	551	543	678	1,424	555	18,419
December, 2004	14,681	550	541	677	1,422	557	18,428
January, 2005	14,907	534	536	673	1,451	532	18,633

*Level 0 = Income > \$25,000

*Level 1 = Income \$17,000 - \$19,999

*Level 2 = Income \$14,000 - \$16,999

*Level 3 = Income \$10,000 - \$13,999

*Level 4 = Income <=\$9,999

*Level 5 = Income \$20,000 - \$24,999

**Total Policies in Force by Plan, Gender, & Age Group as of
January 31, 2005**

Male

Plan	Gender	Age Group	# Policy holders
1A	Male	0 - 24	427
1A	Male	25 - 29	214
1A	Male	30 - 34	182
1A	Male	35 - 39	252
1A	Male	40 - 44	425
1A	Male	45 - 49	468
1A	Male	50 - 54	552
1A	Male	55 - 59	470
1A	Male	60 - 64	450
1A	Male	65+	4
Total:			3,444

Female

Plan	Gender	Age Group	# Policy holders
1A	Female	0 - 18	174
1A	Female	19 - 24	218
1A	Female	25 - 29	214
1A	Female	30 - 34	201
1A	Female	35 - 39	227
1A	Female	40 - 44	331
1A	Female	45 - 49	480
1A	Female	50 - 54	597
1A	Female	55 - 59	789
1A	Female	60 - 64	1,068
1A	Female	65+	14
Total:			4,313

Plan	Gender	Age Group	# Policy holders
1B	Male	0 - 24	265
1B	Male	25 - 29	47
1B	Male	30 - 34	87
1B	Male	35 - 39	144
1B	Male	40 - 44	305
1B	Male	45 - 49	458
1B	Male	50 - 54	650
1B	Male	55 - 59	864
1B	Male	60 - 64	1,325
1B	Male	65+	8
Total:			4,153

Plan	Gender	Age Group	# Policy holders
1B	Female	0 - 18	89
1B	Female	19 - 24	64
1B	Female	25 - 29	58
1B	Female	30 - 34	74
1B	Female	35 - 39	146
1B	Female	40 - 44	287
1B	Female	45 - 49	482
1B	Female	50 - 54	680
1B	Female	55 - 59	1,163
1B	Female	60 - 64	1,943
1B	Female	65+	11
Total:			4,997

Plan	Gender	Age Group	# Policy holders
2	Male	0 - 24	2
2	Male	25 - 29	14
2	Male	30 - 34	11
2	Male	35 - 39	37
2	Male	40 - 44	77
2	Male	45 - 49	117
2	Male	50 - 54	132
2	Male	55 - 59	107
2	Male	60 - 64	95
2	Male	65+	127
Total:			719

Plan	Gender	Age Group	# Policy holders
2	Female	19 - 24	3
2	Female	25 - 29	2
2	Female	30 - 34	17
2	Female	35 - 39	27
2	Female	40 - 44	69
2	Female	45 - 49	99
2	Female	50 - 54	140
2	Female	55 - 59	147
2	Female	60 - 64	199
2	Female	65+	304
Total:			1,007

**Total Policies in Force by Plan, Gender, Zone & Age Group
as of January 31, 2005**

Male

Plan	Zone	Gender	Age Group	# Policy holders
1A	1	Male	0 - 24	26
1A	1	Male	25 - 29	26
1A	1	Male	30 - 34	21
1A	1	Male	35 - 39	28
1A	1	Male	40 - 44	39
1A	1	Male	45 - 49	49
1A	1	Male	50 - 54	40
1A	1	Male	55 - 59	40
1A	1	Male	60 - 64	33
Total:				302

Plan	Zone	Gender	Age Group	# Policy holders
1A	2	Male	0 - 24	143
1A	2	Male	25 - 29	69
1A	2	Male	30 - 34	59
1A	2	Male	35 - 39	78
1A	2	Male	40 - 44	133
1A	2	Male	45 - 49	128
1A	2	Male	50 - 54	159
1A	2	Male	55 - 59	119
1A	2	Male	60 - 64	116
1A	2	Male	65+	3
Total:				1,007

Plan	Zone	Gender	Age Group	# Policy holders
1A	3	Male	0 - 24	258
1A	3	Male	25 - 29	119
1A	3	Male	30 - 34	102
1A	3	Male	35 - 39	146
1A	3	Male	40 - 44	253
1A	3	Male	45 - 49	291
1A	3	Male	50 - 54	353
1A	3	Male	55 - 59	311
1A	3	Male	60 - 64	301
1A	3	Male	65+	1
Total:				2,135

Female

Plan	Zone	Gender	Age Group	# Policy holders
1A	1	Female	0 - 18	11
1A	1	Female	19 - 24	19
1A	1	Female	25 - 29	29
1A	1	Female	30 - 34	18
1A	1	Female	35 - 39	15
1A	1	Female	40 - 44	24
1A	1	Female	45 - 49	38
1A	1	Female	50 - 54	60
1A	1	Female	55 - 59	75
1A	1	Female	60 - 64	75
1A	1	Female	65+	2
Total:				366

Plan	Zone	Gender	Age Group	# Policy holders
1A	2	Female	0 - 18	53
1A	2	Female	19 - 24	68
1A	2	Female	25 - 29	63
1A	2	Female	30 - 34	72
1A	2	Female	35 - 39	77
1A	2	Female	40 - 44	113
1A	2	Female	45 - 49	135
1A	2	Female	50 - 54	163
1A	2	Female	55 - 59	212
1A	2	Female	60 - 64	297
1A	2	Female	65+	6
Total:				1,259

Plan	Zone	Gender	Age Group	# Policy holders
1A	3	Female	0 - 18	110
1A	3	Female	19 - 24	131
1A	3	Female	25 - 29	122
1A	3	Female	30 - 34	111
1A	3	Female	35 - 39	135
1A	3	Female	40 - 44	194
1A	3	Female	45 - 49	307
1A	3	Female	50 - 54	374
1A	3	Female	55 - 59	502
1A	3	Female	60 - 64	696
1A	3	Female	65+	6
Total:				2,688

**Total Policies in Force by Plan, Gender, Zone & Age Group
as of January 31, 2005**

Male

Plan	Zone	Gender	Age Group	# Policy holders
1B	1	Male	0 - 24	14
1B	1	Male	25 - 29	2
1B	1	Male	30 - 34	8
1B	1	Male	35 - 39	23
1B	1	Male	40 - 44	28
1B	1	Male	45 - 49	30
1B	1	Male	50 - 54	37
1B	1	Male	55 - 59	56
1B	1	Male	60 - 64	76
1B	1	Male	65+	1
Total:				275

Female

Plan	Zone	Gender	Age Group	# Policy holders
1B	1	Female	0 - 18	4
1B	1	Female	19 - 24	8
1B	1	Female	25 - 29	8
1B	1	Female	30 - 34	10
1B	1	Female	35 - 39	6
1B	1	Female	40 - 44	17
1B	1	Female	45 - 49	33
1B	1	Female	50 - 54	34
1B	1	Female	55 - 59	69
1B	1	Female	60 - 64	132
Total:				321

Plan	Zone	Gender	Age Group	# Policy holders
1B	2	Male	0 - 24	86
1B	2	Male	25 - 29	8
1B	2	Male	30 - 34	36
1B	2	Male	35 - 39	32
1B	2	Male	40 - 44	97
1B	2	Male	45 - 49	118
1B	2	Male	50 - 54	216
1B	2	Male	55 - 59	233
1B	2	Male	60 - 64	359
Total:				1,185

Plan	Zone	Gender	Age Group	# Policy holders
1B	2	Female	0 - 18	36
1B	2	Female	19 - 24	16
1B	2	Female	25 - 29	14
1B	2	Female	30 - 34	26
1B	2	Female	35 - 39	51
1B	2	Female	40 - 44	78
1B	2	Female	45 - 49	152
1B	2	Female	50 - 54	220
1B	2	Female	55 - 59	355
1B	2	Female	60 - 64	552
1B	2	Female	65+	6
Total:				1,506

Plan	Zone	Gender	Age Group	# Policy holders
1B	3	Male	0 - 24	165
1B	3	Male	25 - 29	37
1B	3	Male	30 - 34	43
1B	3	Male	35 - 39	89
1B	3	Male	40 - 44	180
1B	3	Male	45 - 49	310
1B	3	Male	50 - 54	397
1B	3	Male	55 - 59	575
1B	3	Male	60 - 64	890
1B	3	Male	65+	7
Total:				2,693

Plan	Zone	Gender	Age Group	# Policy holders
1B	3	Female	0 - 18	49
1B	3	Female	19 - 24	40
1B	3	Female	25 - 29	36
1B	3	Female	30 - 34	38
1B	3	Female	35 - 39	89
1B	3	Female	40 - 44	192
1B	3	Female	45 - 49	297
1B	3	Female	50 - 54	426
1B	3	Female	55 - 59	739
1B	3	Female	60 - 64	1,259
1B	3	Female	65+	5
Total:				3,170

**Total Policies in Force by Plan, Gender, Zone & Age Group
as of January 31, 2005**

Male

Plan	Zone	Gender	Age Group	# Policy holders
2	1	Male	25 - 29	2
2	1	Male	30 - 34	4
2	1	Male	35 - 39	11
2	1	Male	40 - 44	10
2	1	Male	45 - 49	18
2	1	Male	50 - 54	24
2	1	Male	55 - 59	12
2	1	Male	60 - 64	9
2	1	Male	65+	5
Total:				95

Female

Plan	Zone	Gender	Age Group	# Policy holders
2	1	Female	19 - 24	1
2	1	Female	30 - 34	3
2	1	Female	35 - 39	1
2	1	Female	40 - 44	8
2	1	Female	45 - 49	15
2	1	Female	50 - 54	17
2	1	Female	55 - 59	17
2	1	Female	60 - 64	15
2	1	Female	65+	24
Total:				101

Plan	Zone	Gender	Age Group	# Policy holders
2	2	Male	25 - 29	3
2	2	Male	30 - 34	3
2	2	Male	35 - 39	12
2	2	Male	40 - 44	22
2	2	Male	45 - 49	38
2	2	Male	50 - 54	40
2	2	Male	55 - 59	27
2	2	Male	60 - 64	32
2	2	Male	65+	38
Total:				215

Plan	Zone	Gender	Age Group	# Policy holders
2	2	Female	25 - 29	1
2	2	Female	30 - 34	6
2	2	Female	35 - 39	9
2	2	Female	40 - 44	26
2	2	Female	45 - 49	29
2	2	Female	50 - 54	42
2	2	Female	55 - 59	47
2	2	Female	60 - 64	55
2	2	Female	65+	89
Total:				304

Plan	Zone	Gender	Age Group	# Policy holders
2	3	Male	0 - 24	2
2	3	Male	25 - 29	9
2	3	Male	30 - 34	4
2	3	Male	35 - 39	14
2	3	Male	40 - 44	45
2	3	Male	45 - 49	61
2	3	Male	50 - 54	68
2	3	Male	55 - 59	68
2	3	Male	60 - 64	54
2	3	Male	65+	84
Total:				409

Plan	Zone	Gender	Age Group	# Policy holders
2	3	Female	19 - 24	2
2	3	Female	25 - 29	1
2	3	Female	30 - 34	8
2	3	Female	35 - 39	17
2	3	Female	40 - 44	35
2	3	Female	45 - 49	55
2	3	Female	50 - 54	81
2	3	Female	55 - 59	83
2	3	Female	60 - 64	129
2	3	Female	65+	191
Total:				602

**Total Subsidy/Non-Subsidy
Restated for January 31, 2005**

Plan		# Policyholders
1A	Non-Subsidized	4,795
1A	Subsidized	2,962
1B	Non-Subsidized	9,150
2	Non-Subsidized	962
2	Subsidized	764
Total:		18,633

**Total Subsidy by Level
Restated for January 31, 2005**

Subsidy Level	# Policyholders
Level 0	14,907
Level 1	534
Level 2	536
Level 3	673
Level 4	1,451
Level 5	532
Total:	18,633

**Total Policies in Force by Zone, Plan and Subsidy
Restated for January 31, 2005**

	# Policyholders
Plan 1A, Zone 1, Non-Subsidized	351
Plan 1A, Zone 1, Subsidized	317
Plan 1A, Zone 2, Non-Subsidized	1,456
Plan 1A, Zone 2, Subsidized	810
Plan 1A, Zone 3, Non-Subsidized	2,988
Plan 1A, Zone 3, Subsidized	1,835
Plan 1B, Zone 1, Non-Subsidized	596
Plan 1B, Zone 2, Non-Subsidized	2,691
Plan 1B, Zone 3, Non-Subsidized	5,863
Plan 2, Zone 1, Non-Subsidized	89
Plan 2, Zone 1, Subsidized	107
Plan 2, Zone 2, Non-Subsidized	300
Plan 2, Zone 2, Subsidized	219
Plan 2, Zone 3, Non-Subsidized	573
Plan 2, Zone 3, Subsidized	438
Total:	18,633

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

Customer Service Monthly Operating Report January 2005

Jan-05 Week Ending	Calls Offered	Calls Handled	# Abandoned	% Abandoned	Average Wait	Shortest Wait	Longest Wait	Average Talk
8-Jan	2,838	2,472	364	12.8%	5.03	0.00	11.40	3.63
15-Jan	2,829	2,573	249	8.8%	3.61	0.00	8.08	3.38
22-Jan	2,139	1,968	166	7.8%	3.98	0.00	9.02	3.76
29-Jan	2,584	2,344	236	9.1%	3.98	0.00	10.15	3.60
Total	10,390	9,357	1,015	9.6%	4.15	0.00	11.40	3.59

Historical 2004/2005 Stats	Calls Offered	Calls Handled	# Abandoned	% Abandoned	Average Wait	Shortest Wait	Longest Wait	Average Talk
Jan-04	11,781	10,401	1,380	11.7%	5.12	0.00	13.30	3.40
Feb-04	10,435	9,338	1,097	10.5%	4.43	0.00	14.29	3.22
Mar-04	11,213	9,694	1,519	13.5%	5.03	0.00	13.07	3.10
Apr-04	13,716	12,529	1,187	8.7%	3.56	0.00	11.07	2.87
May-04	9,600	8,908	692	7.2%	2.97	0.00	11.37	3.19
Jun-04	10,572	9,360	1,212	11.5%	4.60	0.00	12.18	3.34
Jul-04	11,453	10,865	588	4.9%	2.79	0.00	8.57	2.88
Aug-04	9,174	8,660	514	5.6%	2.42	0.00	9.34	2.86
Sep-04	10,082	9,203	879	8.7%	3.49	0.00	14.03	2.62
Oct-04	12,889	11,214	1,662	13.0%	4.79	0.00	16.21	3.10
Nov-04	8,708	7,131	1,556	17.9%	6.52	0.00	20.39	3.63
Dec-04	10,048	8,578	1,435	14.6%	5.80	0.00	16.39	3.73
Jan-05	10,390	9,357	1,015	9.6%	4.15	0.00	11.40	3.59

Most Commonly Asked Questions to Customer Service - January 2005

1. What is my claim status?
2. Is this a covered service?
3. Can you help me understand my premium notice?

Written Correspondence - January 2005

	Beginning Inventory	Received	Completed	Inventory			Ending Inventory
				< 10 days	10-30 days	> 30 days	
Customer Srvc	32	210	221	21	0	0	21
Enrollment	0	331	331	0	0	0	0
Underwriting	7	48	43	3	9	0	12

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

CLAIMS PROCESSED

Claims that have finalized to payment or denial during the month

Claim type/Description	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	YTD Total
CT10 Pharmacy (Non-PBM)**	0	0	0	0	0	0	0	0	0	0	0	0	0
CT10 Pharmacy (PBM)***	0	0	0	0	0	0	0	0	0	0	0	0	0
WP Wellpoint Pharmacy ****	58,899	59,759	91,483 ⁽¹⁾	62,203	65,556	62,837	63,948	63,279	64,419	97,667 ⁽¹⁾	66,537	66,837	823,424
CT19 Pharmacy Adjustments (Non-PBM)	0	0	0	0	0	0	0	0	0	0	0	0	0
CT19 Pharmacy Adj. (PBM) ***	0	0	0	0	0	0	0	0	0	0	0	0	0
WP Wellpoint Reversals *****	-2,475	-2,864	-4,082	-2,709	-3,271	-2,875	-3,006	-3,107	-3,052	-4,868	-3,251	-3,216	-38,776
CT20 Physicians	33,839	30,416	22,807	28,748	25,080	26,444	25,415	19,780	21,881	29,952	24,015	31,495	319,872
CT23 Outpatient Hospital	5,585	4,645	4,107	4,798	4,121	4,083	4,953	3,962	3,571	5,386	4,145	5,705	55,061
CT24 Miscellaneous	2,216	2,228	2,117	2,559	2,216	1,835	2,278	1,823	1,286	2,120	1,921	2,405	25,004
CT30 Professional Crossovers	5,805	4,941	4,116	5,534	4,072	4,465	5,037	3,434	3,675	5,294	3,918	6,286	56,577
CT31 Outpatient Crossovers	1,526	867	1,106	1,291	1,129	1,325	1,216	935	770	1,199	975	1,598	13,937
CT39 Professional Adjustments	469	647	1,446	960	1,298	393	618	857	235	660	372	734	8,689
CT40 Inpatient Hospital	598	428	458	521	423	363	457	380	264	504	430	531	5,357
CT41 Nursing Home	41	62	34	41	31	34	18	10	16	34	18	14	353
CT49 Inpatient Hospital Adjustments	6	10	20	21	16	14	17	3	4	108	9	9	237
CT50 Inpatient Hospital Crossovers	125	86	79	104	87	65	99	71	42	99	75	71	1,003
CT51 Nursing Home Crossovers	14	6	14	12	13	7	19	14	11	36	11	11	168
CT59 Nursing Home Adjustments	0	0	6	2	17	1	0	1	0	0	0	0	27
Total claims processed*	106,648	101,231	123,711	104,085	100,788	98,991	101,069	91,442	93,122	138,191	99,175	112,480	1,270,933

Claim type/Description	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	YTD Total
CT10 Pharmacy (Non-PBM)**	0												0
CT10 Pharmacy (PBM)***	0												0
WP Wellpoint Pharmacy ****	65,765												65,765
CT19 Pharmacy Adjustments (Non-PBM)	0												0
CT19 Pharmacy Adj. (PBM) ***	0												0
WP Wellpoint Reversals *****	-3,393												-3,393
CT20 Physicians	24,181												24,181
CT23 Outpatient Hospital	4,027												4,027
CT24 Miscellaneous	1,817												1,817
CT30 Professional Crossovers	4,251												4,251
CT31 Outpatient Crossovers	1,015												1,015
CT39 Professional Adjustments	581												581
CT40 Inpatient Hospital	402												402
CT41 Nursing Home	30												30
CT49 Inpatient Hospital Adjustments	20												20
CT50 Inpatient Hospital Crossovers	73												73
CT51 Nursing Home Crossovers	6												6
CT59 Nursing Home Adjustments	1												1
Total claims processed*	98,776	0	0	0	0	0	0	0	0	0	0	0	98,776

*The totals include paper and EMC claims. PBM claims are included in the totals starting with August 2001. In the PBM environment, each prescription processed by counted as one claim where, previously, a claim may have included multiple prescriptions. Therefore, due to the change in pharmacy claims processing, the volume processed prior to August 2001 is not comparable to the volume of claims processed in August 2001 and later

** Pharmacy non-PBM claims are for dates of service prior to August 1, 2001

*** Pharmacy PBM claims are for dates of service between August 1, 2001 and December 31, 2001; claims were submitted through the Wellpoint system, but paid by

**** Wellpoint Pharmacy claims are processed solely through the Wellpoint system under the new co-pay guidelines and account for all prescriptions filled beginning

*****Wellpoint reversals will always negate a Wellpoint pharmacy claim beginning January 1, 2002

(1) Increase in claims count is due to an additional pay period. This month includes 3 pay periods

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

AVERAGE CLAIMS PROCESSING DAYS

Claim type/Description*	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05
CT10 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0
CT19 Pharmacy Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0
CT20 Physicians	16	13	13	13	15	11	12	14	16	15	15	14	13
CT23 Outpatient Hospital	13	13	11	11	13	11	10	11	14	14	13	13	11
CT24 Miscellaneous	18	16	13	14	15	13	14	14	19	21	24	24	17
CT30 Professional Crossovers	15	11	11	12	11	10	11	14	15	17	17	17	13
CT31 Outpatient Crossovers	17	18	17	16	19	15	13	15	19	21	22	25	19
CT39 Professional Adjustments	43	34	19	23	29	21	15	11	19	21	19	24	17
CT40 Inpatient Hospital	20	17	15	18	17	16	15	15	17	21	18	17	15
CT41 Nursing Home	18	15	10	12	11	16	10	17	17	15	14	14	14
CT49 Inpatient Hospital Adjustments	44	30	24	21	19	14	10	6	19	7	27	26	18
CT50 Inpatient Hospital Crossovers	12	13	13	12	14	11	9	11	15	15	16	13	12
CT51 Nursing Home Crossovers	21	11	10	10	6	11	9	9	16	17	11	12	18
CT59 Nursing Home Adjustments	0	0	19	76	16	24	0	16	16	0	0	0	61
Average for the Month	****16	14	13	14	*****16	12	12	13	16	16	*****16	16	13

*A "0" days to process indicates there were no claims submitted for that claim type in that month.

Wellpoint pharmacy claims processed solely through the Wellpoint system are not included in this report for prescriptions filled beginning January 1, 2002.

** No Wellpoint paper claims were paid in May and October. This number includes only non-PBM claims.

***Processing of claims received October 1, 2003 and after did not begin until October 13, 2003 due to HIPAA changes, making the average processing days higher than normal.

****HIPAA changes and a high volume of claims submitted made the average processing days higher than normal

***** Higher than normal claim average resulting from a clean up of aged medical review claims

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

AVERAGE CLAIMS PROCESSING DAYS

Claim type/Description*	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05
CT10 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0
CT19 Pharmacy Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0
CT20 Physicians	16	13	13	13	15	11	12	14	16	15	15	14	13
CT23 Outpatient Hospital	13	13	11	11	13	11	10	11	14	14	13	13	11
CT24 Miscellaneous	18	16	13	14	15	13	14	14	19	21	24	24	17
CT30 Professional Crossovers	15	11	11	12	11	10	11	14	15	17	17	17	13
CT31 Outpatient Crossovers	17	18	17	16	19	15	13	15	19	21	22	25	19
CT39 Professional Adjustments	43	34	19	23	29	21	15	11	19	21	19	24	17
CT40 Inpatient Hospital	20	17	15	18	17	16	15	15	17	21	18	17	15
CT41 Nursing Home	18	15	10	12	11	16	10	17	17	15	14	14	14
CT49 Inpatient Hospital Adjustments	44	30	24	21	19	14	10	6	19	7	27	26	18
CT50 Inpatient Hospital Crossovers	12	13	13	12	14	11	9	11	15	15	16	13	12
CT51 Nursing Home Crossovers	21	11	10	10	6	11	9	9	16	17	11	12	18
CT59 Nursing Home Adjustments	0	0	19	76	16	24	0	16	16	0	0	0	61
Average for the Month	****16	14	13	14	*****16	12	12	13	16	16	*****16	16	13

*A "0" days to process indicates there were no claims submitted for that claim type in that month.

Wellpoint pharmacy claims processed solely through the Wellpoint system are not included in this report for prescriptions filled beginning January 1, 2002.

** No Wellpoint paper claims were paid in May and October. This number includes only non-PBM claims.

***Processing of claims received October 1, 2003 and after did not begin until October 13, 2003 due to HIPAA changes, making the average processing days higher than normal.

****HIPAA changes and a high volume of claims submitted made the average processing days higher than normal

***** Higher than normal claim average resulting from a clean up of aged medical review claims

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

Claims Denied Report* January 2005

Processing Month	Plan 1A		Plan 1B		Plan 2		All Plans			
	Paid	Denied	Paid	Denied	Paid	Denied	Paid	Denied	Total Processed	Denial Rate
January 2004							31,974	18,250	50,224	36.3%
February 2004							28,482	15,854	44,336	35.8%
March 2004	12,937	6,049	7,139	3,671	4,094	2,420	24,170	12,140	36,310	33.4%
April 2004	16,145	6,557	9,583	4,109	5,364	2,833	31,092	13,499	44,591	30.3%
May 2004	13,862	5,916	8,378	3,787	4,326	2,234	26,566	11,937	38,503	31.0%
June 2004	14,320	5,412	8,906	3,554	4,796	2,041	28,022	11,007	39,029	28.2%
July 2004	14,539	5,511	9,098	3,723	4,916	2,340	28,553	11,574	40,127	28.8%
August 2004	11,258	4,409	7,199	3,018	3,743	1,643	22,200	9,070	31,270	29.0%
September 2004	11,398	4,318	7,676	3,016	3,924	1,423	22,998	8,757	31,755	27.6%
October 2004	16,461	5,752	11,535	3,880	5,751	2,013	33,747	11,645	45,392	25.7%
November 2004	12,686	4,232	9,584	3,458	4,389	1,540	26,659	9,230	35,889	25.7%
December 2004	16,889	5,819	12,715	4,376	6,458	2,602	36,062	12,797	48,859	26.2%
January 2005	12,980	4,239	9,710	3,192	4,542	1,741	27,232	9,172	36,404	25.2%

*Claims denied by the PBM are not included. See page 30 for claims denied by the PBM. Detailed paid versus denied claims reporting began in March 2004.

***Denied claims increased due to HIPAA changes. Providers were not following HIPAA billing instructions.

January 2005 - Denial Reason Detail**

Top Reasons for Denial		Volume
380	Pre-X	1,657
A97	Claim indicator missing or invalid	1,566
A22	Billing provider number invalid or incorrect	1,548
401	Duplicate Claim - Professional	1,530
A02	Policyholder number not on file	1,349
187	Lack of medical necessity	1,146
177	Place of Service invalid	981
172	Policyholder not eligible for date of service	835
152	Provider not eligible on date of service	591
183	Procedure to Provider type	579
246	Procedure Requires Modifier	423
574	Procedures billed on same date of service	330
191	Procedure not a Benefit	318

**Denial codes apply to individual service details. Claims may have more than one service detail; therefore, the number of denials shown here represents the number of denied service details, not the number of denied claims.

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN
PHARMACY CLAIMS DENIED BY PBM

Claims Denied Report
January 2005

Feb-04	8,354
Mar-04	13,260
Apr-04	9,383
May-04	7,614
Jun-04	8,148
Jul-04	8,570
Aug-04	8,297
Sep-04	9,048
Oct-04	13,104
Nov-04	8,873
Dec-04	8,555
Jan-05	8,664

January 2005 - Reason Detail

* Top Reasons for Denial	Volume
47 - Early refill	3,487
29 - Invalid/excessive days supply	1,084
35 - Prior Authorization required	928
74 - Drug Utilization Review	802
05 - Non-covered prescription item	640
03 - Date filled beyond cancel / ID card expired	533
22 - Non legend items not covered	319
04 - Duplicate claim	207
73 - Drug Interaction Reject	115
27 - Invalid/Missing Patient Birthdate	104

*In the PBM environment, each prescription processed is counted as one claim.

WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

Claims Accuracy Performance* January 2005

MONTH	CLAIMS	CLAIM PAYMENTS	PAYMENTS REVIEWED	CORRECT PAYMENT	ACCURACY RATE
Jan-04	50,224	\$5,313,619	\$60,565	\$60,379	99.69%
Feb-04	44,336	\$5,635,317	\$74,158	\$73,901	99.65%
Mar-04	35,840	\$5,549,043	\$78,006	\$78,006	100.00%
Apr-04	44,591	\$6,948,734	\$51,662	\$51,662	100.00%
May-04	38,503	\$6,050,073	\$64,896	\$64,833	99.90%
Jun-04	39,029	\$5,640,805	\$49,747	\$49,826	99.84%
Jul-04	40,127	\$7,059,137	\$80,036	\$80,036	100.00%
Aug-04	31,270	\$5,264,531	\$49,875	\$49,875	100.00%
Sep-04	31,755	\$4,024,798	\$86,524	\$86,524	100.00%
Oct-04	45,392	\$8,169,270	\$63,287	\$63,287	100.00%
Nov-04	35,889	\$6,631,268	\$79,182	\$79,156	99.97%
Dec-04	48,859	\$9,595,500	\$52,645	\$52,645	100.00%
Jan-05	36,404	\$6,551,366	\$95,201	\$95,201	100.00%

* Claims processed through PBM are not included in the performance statistics.

**WISCONSIN HEALTH INSURANCE RISK SHARING PLAN
APPEALS AND GRIEVANCE SUMMARY
January 2005**

CLAIM APPEALS

TOTAL CLAIM APPEALS RECEIVED	29
REINSTATEMENTS	15
PA DENIAL	4
WAIVE PRE-X	5
PRE-X CLAIM DENIAL	2
OTHER	3
TOTAL CLAIMS/REINSTATEMENTS CLOSED	29
CLAIM APPEALS AVERAGE NUMBER OF DAYS	12.79

GRIEVANCES

GRIEVANCE COMMITTEE REVIEW:

WAIVER FOR PRE-EXISTING CONDITION	3
REQUEST TO BACKDATE POLICY CANCELLATION	1
REQUEST FOR LATE BILLING OVERRIDE	2

* DEFERRED TO NEXT MONTH (FEBRUARY) (1)